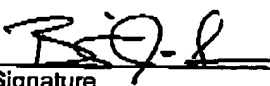



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<b>TRANSMITTAL FORM</b>		Application Number		10/734,495		MAY 09 2005	
		Filing Date		December 12, 2003			
		First Named Inventor		John H. Crume			
		Art Unit		3683			
		Examiner Name		Mariano Ong Sy			
Total Number of Pages in This Submission		14		Attorney Docket Number		206017-9012	
<b>ENCLOSURES (check all that apply)</b>				<b>PETITION FOR EXTENSION OF TIME</b>			
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final – 12 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other:				This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a three-month extension of time and pay the fee of \$1020.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.			
<b>CLAIMS FEES</b>							
<input type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Addit. Claim Fee
Total	43	-	41	=2	x 25=	\$	x 50= \$100.00
Independent	5	-	5	=0	x 100=	\$	x 200= \$0.00
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$	+ 290= \$0
<b>FEES</b>							
<input checked="" type="checkbox"/> Additional Claim Fee						\$100.00	
<input type="checkbox"/> Extension fee for one-month						\$0.00	
<input type="checkbox"/> Information Disclosure Statement						\$0.00	
<input type="checkbox"/> Surcharge for Missing Parts – Declaration						\$0.00	
<input type="checkbox"/> Terminal Disclaimer						\$0.00	
<b>TOTAL FEES</b>						<b>\$100.00</b>	
<b>PAYMENT OF FEES</b>							
<input type="checkbox"/> A check in the amount of \$ is enclosed.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.							
<input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$100.00. A duplicate copy of this transmittal is attached for this purpose.							
<b>SIGNATURE OF ATTORNEY</b>							
Brian J. Lum, Reg. No. 54,282 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 Signature Date: May 9, 2005			
<b>CERTIFICATE OF TRANSMISSION/MAILING</b>							
I hereby certify that this correspondence is:							
<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9306.							
<input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name				Carolyn Hothersall			
Signature				 Date: 5/9/2005			

MAY 09 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: John H. Crume  
Application No.: 10/734,495  
Filed: December 12, 2003  
For: SEALING DEVICE FOR A  
SLACK ADJUSTER  
TC/AU: 3683  
Examiner: Mariano Ong Sy  
Confirmation No.: 1616

I, Carolyn Hothersall, hereby certify that this  
correspondence is being transmitted via facsimile to  
Commissioner for Patents, P.O. Box 1450, Alexandria,  
VA 22313-1450, facsimile number (703) 872-9306 on

5/9/2005

Carolyn Hothersall  
Signature

5/9/2005  
Date of Signature

**RESPONSE TO OFFICE ACTION OF FEBRUARY 8, 2005**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This responds to the Office Action dated February 8, 2005, in the above-referenced application. In the event that the Applicant has overlooked any other charges or has made an overpayment in connection with this communication, please charge or credit Deposit Account No. 50-1965.

Amendments to the claims begin on page 2.

Remarks begin on page 8.

05/10/2005 MBIZUNES 00000061 501965 10734495

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